

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043131

DO NOT WRITE
ON THIS STUB

AMENDED

Registered Filed NOV 26 1962

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

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123-3

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin				Length of stay in 1b Life		c. CITY OR TOWN Joplin				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 120 South Florida Avenue				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JIMMY Middle GERALD Last DIVINE						4. DATE OF DEATH Month 11 Day 18 Year 62					
5. SEX M		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-13-1941		9. AGE (last birthday) 21 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY Lewis Machine Co.		11. BIRTHPLACE (City and state or country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Cecil Divine				13b. MOTHER'S MAIDEN NAME Anna Mae Hardy				14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Father- Cecil Divine-120 South Florida-Joplin, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) [REDACTED]										INTERVAL BETWEEN ONSET AND DEATH 40 mins.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Mr. Divine was riding in a car that failed to							
20c. TIME OF INJURY 8:00 a.m. Month, Day, Year 11-18-62		negotiate a curve and ran into a tree.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Redings Mill Area		20f. CITY, TOWN, OR LOCATION South of Joplin		COUNTY Jasper		STATE Mo.			
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 9:40 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE [Signature] (Degree or title) Coroner				22b. ADDRESS 508 Frisco Building-Joplin, Mo.				22c. DATE SIGNED 11-20-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 21, 1962		23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Park		23d. LOCATION (City, town, or county) Joplin, Missouri		(State)			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI				25. DATE RECD. BY LOCAL REG. 11-21-1962		26. REGISTRAR'S SIGNATURE Dove Merriam					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed

Harvey E. Bruce

Licensed Embalmer No.

4463

P. O. Address

Appl. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.